

Individual Income Tax Return **FULL YEAR RESIDENTS ONLY** 



For the year Jan. 1 - Dec. 31, 2012, or other tax year Beginning: Ending: Your social security number Spouse's SSN if joint return Initial Last name Your first name Spouse's first name Initial Last name Present home address (number and street or P.O. Box number) City, town or post office State 7IP code Foreign Country Check if address is outside U.S. ► CHECK BOX IF AMENDED RETURN ● Filing Status/ 1 \$1,500 Single \$1,500 Married filing separate. Complete Spouse SSN 3 Exemptions 2 \$3,000 Married filing joint 4 • \$3,000 Head of Family (with qualifying person) Wages, salaries, tips, etc. (list each employer and address separately). A — Alabama tax withheld B — Income 5a ● 5a 5b Income 5b and 5c 5c Adjustments 5d ● 5d 6 6 Total income. Add lines 5a through 5d and 6 (column B)..... 7 • **Deductions** Standard Deduction (enter amount from table on page 9 of instructions)..... You Must Attach page 2 of Federal Form 1040, Fed-Federal tax deduction (see instructions)..... DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S) 9 • eral Form 1040A, Federal Form 1040NR, or page 1 of Form 1040EZ, if 10 • claiming a deduc-tion on line 9. Total deductions. Add lines 8, 9, 10, and 11..... 12 • **Taxable income.** Subtract line 12 from line 7. Enter the result..... 13 Find the tax for the amount on line 13. Use the tax table in the Instruction Booklet ..... 14 14 15 15 \$2 16a Inone Tax and **Payments** 17 Total tax liability and voluntary contribution. Add lines 14, 15, 16a, and 16b ..... 17 Staple Form(s) Alabama income tax withheld. Add lines 5a thru 5d. column A..... 18 W-2, W-2G, Automatic Extension Payment ..... 19 19 and/or 1099 here 20 Amended Returns Only — Previous payments (see instructions) 21 Total payments. Add lines 18, 19 and 20. 22 22 23 Adjusted Total Payments. Subtract line 22 from line 21 **AMOUNT** If line 17 is larger than line 23, subtract line 23 from line 17, and enter AMOUNT YOU OWE. YOU OWE Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)..... 24 **OVERPAID** 25 25 **Donations** • Total Donation Check-offs from page 2, Part IV, line 2. REFUNDED TO YOU. Subtract line 26 from line 25. (You MUST SIGN this return before your refund can be processed.) **REFUND** Check this box to have your refund issued on a debit card. 27 I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here Date Daytime Telephone Number Your Occupation Your Signature In Black Ink Keep a copy of this return Spouse's Signature (if joint return, BOTH must sign) Date Daytime Telephone Number Spouse's Occupation for your records Preparer's SSN or PTIN E.I. Number Preparer's Signature Date Check if Self-employed Paid Preparer's Firms's Name (or yours Davtime Teléphone No if self employed) Code Use Only

ADOR

Form	40Δ	(2012
1 01111	707	(2012

Page	2
------	---



Section.  2012 Federal Individual Income Tax Return.  6 Do you have income which is reported on your Federal return, but not reported on your Alabama return?	Yes No										
If you checked no, state the reason for not filling.											
General Information  All Tapapers Must Complete This Section.  All Tapapers Must Complete This Section.  5 Enter the Federal Adjusted Gross income ● \$	Yes No										
General Information  All Tapapers Must Complete This Section.  All Tapapers Must Complete This Section.  5 Enter the Federal Adjusted Gross income ● \$	_										
Your Spouse											
All Tappyers 4   Your occupation   Spouse's											
Must Complete This Spouse's occupation  Section.    Solution   Spouse   Sp											
Spouse's occupation  Spouse's occupation  Section.  Spouse's occupation  Section.  Spouse's occupation  Section.  Amount  Section.  Amount  Section.  Amount  Section.  Amount  Section.  Section.  Amount  Section.  Section.  Amount  Section.  Section.  Section.  Amount  Section.  Section.  Section.  Amount  Section.  Section.  Section.  Amount  Section.  Section.  Amount  Section.  Section.  Section.  Amount  Section.  Section.  Section.  Section.  Amount  Section.  Section.  Section.  Section.  Section.  Section.  Section.  Section.  Amount  Section.  Section.  Section.  Section.  Amount  Section.											
Complete This Section.  5 Enter the Federal Adjusted Gross Income • \$ and Federal Taxable Income • \$ as ret 2012 Federal Individual Income Tax Return.  6 Do you have income which is reported on your Federal return, but not reported on your Alabama return?											
This Section.  5 Enter the Federal Adjusted circos income \$ and Federal Laxable Income \$ \$ as re Section.  6 Do you have income which is reported on your Federal return, but not reported on your Alabama return?	Spouse's occupation										
6 D you have income which is reported on your Federal return, but not reported on your Alabama return?	xable Income ● \$ as reported on your										
If yes, enter source(s) and amount(s) below (other than state income tax refund):  Source Source Amount ● \$ Source Belationship to You deletions of the source of the											
Source Amount ● \$ Source Amount For the dependents claimed on line to by the amount from the dependent chart below.) Use the following chart to determine the per-dependent exemption amount: Amount on Line 7, Page 1 Dependent Exemption 0 - 20,000 2 -	6 Do you have income which is reported on your Federal return, but not reported on your Alabama return?										
PART II  1a Dependents: (1) First same  Last name    C2) Dependents   C3   Dependents   C4   Dependent   C4   Dependent   C5   Dependent   C6											
PART II  1a Dependents:  Dependents  Do not include yourself or your spouse  Amount allowed. (Multiply the total number of dependent exemption amount:  Amount on Line 7, Page 1  Dependent Exemption  O -20,000  Over 100,000  Do your 100,000  Do your 100,000  The Federal Tax  Liability Ded.  1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  a Senior Services Trust Fund.  D Alabama Arts Development Fund  C Alabama Nongame Wildlife Fund.  D Alabama Veterans Program  C Alabama Nongame Wildlife Fund.  D Alabama National Guard Foundation Incorporated  C Alabama Nongame Wildlife Fund.  D Alabama Veterans Program  C Alabama Nongame Wildlife Fund.  D Alabama National Guard Foundation Incorporated  D Alabama National Guard Foundation Incorporated  D Alabama Netional Guard Foundation Incorporated  D Alabama Netional Guard Foundation Incorporated  D Alabama Military Support Foundation  D PART IV  PART IV  PART IV  A Dependents:  (3) Dependents:  (3) Dependents:  (3) Dependents:  (3) Dependents:  (3) Dependents:  (3) Dependents:  (4) First name  Last name  Last name  Last name  Last name  Last name   Social Security Number  Relationship to You  Dependent Exemption  D Dependent Exemption In the paperopen In the											
PART III  The periodents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is a controlled pourself or your spouse (See page 10)  Dependents is controlled pourself or your spouse (See page 10)  Dependents is controlled pourself or your spouse (See page 10)  Dependents is controlled pourself or your spouse (See page 10)  Dependents is controlled pourself or your spouse (See page 10)  Dependents is controlled pourself or your spouse (See page 10)  Dependents is controlled pourself or your spouse (See page 10)  Dependents is controlled pourself or your spouse (See page 10)  Dependents is controlled pourself or your spouse (See page 10)  Dependents is controlled pourself or your spouse (See page 10)  Dependents is controlled pourself or your spouse (See page 10)  Dependents is controlled pourself or your spouse (See page 10)  Dependents is controlled pourself or your spouse (See page 10)  Dependents is controlled pourself or your spouse (See page 10)  Dependents i											
Dependents  Do not include yourself or your spouse (See page 10)  Total number of dependents claimed above											
Dependents  Do not include yourself or your spouse (See page 10)  Total number of dependents claimed above											
Dependents  Do not include your spouse (See page 10)  Dependent III  Federal Tax Liability Ded. 1  1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  a Senior Services Trust Fund	(4) Did you provide										
Dependents  Do not include yourself or your spouse (See page 10)  Do not include yourself or your spouse (See page 10)  Do not include yourself or your spouse (See page 10)  Do not include your spouse (Multiply the total number of dependent sclaimed above.  Do not include your spouse (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart below.)  Do not include your spouse (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart below.)  Do not include your spouse (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart below.)  Do not include your spouse (Multiply the total number of dependent scalimed on line 1b by the amount from the dependent chart below.)  Do not include your spouse (Multiply the total number of dependent sclaimed on line 1b by the amount from the dependent chart below.)  Do not include your spouse (Multiply the total number of dependent scalimed on line 1b by the amount from the dependent chart below.)  Do not include your spouse (Multiply the total number of dependent scaliment to determine the pendent Example on the pendent E	more than one-half ependent's support?										
Dependents  Do not include your spouse yours grouse (See page 10)  Do Total number of dependents claimed above.  2 Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart below.)  Use the following chart to determine the per-dependent exemption amount:  Amount on Line 7, Page 1 Dependent Exemption 0 - 20,000 1,000 20,000 - 100,000 500 Over 100,000 300 Enter amount here and on page 1, line 11  Federal Tax Liability Ded. 1 Enter the Federal Income Tax Liability from worksheet (see instructions) here and on line 9, page 1. 1   PART IV  1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.) a Senior Services Trust Fund.  b Alabama Arts Development Fund.  c Alabama Arts Development Fund. d Child Abuse Trust Fund.  d Child Abuse Trust Fund.  o Alabama Nongame Wildlife Fund. d Child Abuse Trust Fund.  o Cancer Research Institute.  Donation Check-offs f Alabama Indian Children's Scholarship Fund. g Penny Trust Fund. q Alabama Alternative Fuels Fund. g Penny Trust Fund. q Alabama Military Support Foundation.											
Do not include yourself or your spouses (See page 10)  2 Amount allowed. (Multiply the total number of dependents claimed and on line 1b by the amount from the dependent chart below.)  Use the following chart to determine the per-dependent exemption amount:  Amount on Line 7, Page 1 Dependent Exemption  0 - 20,000											
Do not include yourself or your spouse (See page 10)  Do not include yourself or your spouse (See page 10)  Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart below.)  Use the following chart to determine the per-dependent exemption amount:  Amount on Line 7, Page 1 Dependent Exemption  0 - 20,000 1,000  20,000 - 100,000 300  Enter amount here and on page 1, line 11. 2   PART III  Federal Tax  Liability Ded. 1 Enter the Federal Income Tax Liability from worksheet (see instructions) here and on line 9, page 1. 1   PART IV  1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  a Senior Services Trust Fund.											
yourself or your spouse (See page 10)  Amount allowed. (Multiply the total number of dependents claimed above. Use the following chart to determine the per-dependent exemption amount:  Amount on Line 7, Page 1  Dependent Exemption  0 - 20,000											
your spouse (See page 10)  Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart below.)  Use the following chart to determine the per-dependent exemption amount:  Amount on Line 7, Page 1  O - 20,000  1,000  20,000 - 100,000  Over 100,000  Enter amount here and on page 1, line 11  PART III  Federal Tax Liability Ded. 1  Enter the Federal Income Tax Liability from worksheet (see instructions) here and on line 9, page 1.  1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  a Senior Services Trust Fund.  b Alabama Arts Development Fund  c Alabama Nongame Wildlife Fund.  d Child Abuse Trust Fund.  Donation  C Alabama Veterans Program  o Cancer Research Institute.  Donation  C Heck-offs  f Alabama Indian Children's Scholarship Fund.  g Penny Trust Fund.  o Q Alabama Military Support Foundation.	•										
Use the following chart to determine the per-dependent exemption amount:  Amount on Line 7, Page 1 Dependent Exemption  0 - 20,000 1,000 20,000 - 100,000 500 Over 100,000 300 Enter amount here and on page 1, line 11 2 ●  PART III  Federal Tax Liability Ded. 1 Enter the Federal Income Tax Liability from worksheet (see instructions) here and on line 9, page 1. 1 ●  PART IV  1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  a Senior Services Trust Fund. ● k Alabama Breast & Cervical Cancer Program. Dependent Fund											
Dependent Exemptor  0 - 20,000 1,000 20,000 - 100,000 500 Over 100,000 300 Enter amount here and on page 1, line 11  PART III Federal Tax Liability Ded. 1 Enter the Federal Income Tax Liability from worksheet (see instructions) here and on line 9, page 1											
20,000 - 100,000 500 Over 100,000 300 Enter amount here and on page 1, line 11. 2  PART III  Federal Tax Liability Ded. 1 Enter the Federal Income Tax Liability from worksheet (see instructions) here and on line 9, page 1. 1  PART IV  1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.) a Senior Services Trust Fund.	, • • •										
Over 100,000 300 Enter amount here and on page 1, line 11 2											
PART III  Federal Tax Liability Ded. 1 Enter the Federal Income Tax Liability from worksheet (see instructions) here and on line 9, page 1											
PART III Federal Tax Liability Ded. 1 Enter the Federal Income Tax Liability from worksheet (see instructions) here and on line 9, page 1											
Federal Tax Liability Ded. 1 Enter the Federal Income Tax Liability from worksheet (see instructions) here and on line 9, page 1											
PART IV  1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  a Senior Services Trust Fund											
PART IV  1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  a Senior Services Trust Fund											
1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  a Senior Services Trust Fund.  b Alabama Arts Development Fund  c Alabama Nongame Wildlife Fund.  d Child Abuse Trust Fund.  Donation  e Alabama Veterans Program  f Alabama Veterans Program  o Cancer Research Institute.  g Penny Trust Fund.  e Mabama Malidan Children's Scholarship Fund.  g Alabama Military Support Foundation.  d Child Abuse Trust Fund.  e Alabama Alternative Fuels Fund.  g Alabama Military Support Foundation.											
a Senior Services Trust Fund  b Alabama Arts Development Fund  c Alabama Nongame Wildlife Fund  d Child Abuse Trust Fund  Donation  e Alabama Veterans Program  f Alabama Veterans Program  g Penny Trust Fund  e M Alabama Breast & Cervical Cancer Program  m Alabama 4-H Club  m Alabama Organ Center Donor Awareness Fund  n Alabama National Guard Foundation Incorporated  o Cancer Research Institute  p Alabama Alternative Fuels Fund  g Penny Trust Fund  e q Alabama Military Support Foundation											
b Alabama Arts Development Fund											
c Alabama Nongame Wildlife Fund.  d Child Abuse Trust Fund .  Donation e Alabama Veterans Program .  Check-offs f Alabama Indian Children's Scholarship Fund .  g Penny Trust Fund .   m Alabama Organ Center Donor Awareness Fund .  n Alabama National Guard Foundation Incorporated .  o Cancer Research Institute .  p Alabama Alternative Fuels Fund .  g Alabama Military Support Foundation .  q Alabama Military Support Foundation .											
d Child Abuse Trust Fund  Donation  e Alabama Veterans Program  Check-offs  f Alabama Indian Children's Scholarship Fund  g Penny Trust Fund  • n Alabama National Guard Foundation Incorporated  • o Cancer Research Institute  p Alabama Alternative Fuels Fund  q Alabama Military Support Foundation											
Donation     e     Alabama Veterans Program     •     o     Cancer Research Institute       Check-offs     f     Alabama Indian Children's Scholarship Fund     •     p     Alabama Alternative Fuels Fund       g     Penny Trust Fund     •     q     Alabama Military Support Foundation											
Check-offs     f     Alabama Indian Children's Scholarship Fund     •     p     Alabama Alternative Fuels Fund       g     Penny Trust Fund     •     q     Alabama Military Support Foundation											
g Penny Trust Fund											
	<del></del>										
h Foster Care Trust Fund											
i Mental Health • Spay-Neuter Program											
,g											
2 Total Donations. Add lines 1a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, and s. Enter here and on page 1, line 26											

If an addressed envelope came with your return, please use it and follow the instructions on the envelope. If you do not have one, mail your return to one of the addresse below.

WHERE TO FILE FORM 40A If you are not making a payment, mail your return to:

Alabama Department of Revenue P. O. Box 327465 Montgomery, AL 36132-7465 If you are making a payment, mail your return, Form 40V, and payment to:

Alabama Department of Revenue P. O. Box 327477 Montgomery, AL 36132-7477

Mail **only** your 2012 Form 40A to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to Alabama Department of Revenue, P.O. Box 327464, Montgomery, AL 36132-7464.

	Federal Income Tax Deduct	ion Wo	orksheet		
1	Enter the tax as shown on line 55, Form 1040, line 35 on Form 1040A, line 10 on Form 1040EZ or line 52 on Form 1040NR			1	
2	<b>a Earned income credit (EIC).</b> Enter the amount from line 64a, Form 1040, line 38a on Form 1040A or line 8a on Form 1040EZ	2a			
	<b>b Additional child tax credit.</b> Enter the amount from line 65, Form 1040, line 39 on Form 1040A, or line 63 on Form 1040NR	2b			
	c American Opportunity Credit.  Enter the amount from line 66, Form 1040 or line 40 on Form 1040A	2c			
	d Credits from Forms 2439, 8801, 8885.  Enter the amount from line 71, Form 1040 or line 67 on Form 1040NR	2d			
3	Add lines 2a, b, c and d			3	

4 Subtract line 3 from line 1 and enter on line 12 on Form 40, line 9 Form 40A or line 4, Part IV, page 2 on Form 40NR. If amount is negative enter zero.